

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30886
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	LG-6640
7. Lease Name or Unit Agreement Name	BILBREY '32' STATE COM
8. Well No.	1
9. Pool Name or Wildcat	BILBREY MORROW
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3742, KB-3767

SUNDRY NOTICES AND REPORTS ON WELL
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 32 Township 21S Range 32E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3742, KB-3767

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ADD MORROW PAY ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. NOTIFY NMOCD PRIOR TO PERFORMING PROCEDURE.
2. MIRU MAST TRUCK. RIG UP 10,000# LUBRICATOR WITH GREASE INJECTOR, PRESSURE TEST LUBRICATOR.
3. PERFORATE WITH 2 SPF ON 1 9/16" SIDEWINDER GUNS OVER THE FOLLOWING INTERVALS:
14,226' - 14,236' (11 FT - 22 HOLES)
14,003' - 14,017' (15 FT - 30 HOLES)
4. TOH WITH PERFORATING GUN AND RETURN WELL TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monte C. Duncan TITLE Engr Asst

DATE 5/18/95

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY DISTRICT I SUPERVISOR

TITLE

DATE

MAY 23 1995

CONDITIONS OF APPROVAL, IF ANY: